

FORM DS-10 2-10-47	DEPARTMENT OF STATE	DATE <b>5-11-55</b>
<b>REFERENCE SLIP</b>		
TO: <div style="background-color: black; width: 100px; height: 20px;"></div>		
<input type="checkbox"/> ADVISE <input type="checkbox"/> APPROVE & RETURN <input type="checkbox"/> AS YOU REQUESTED <input type="checkbox"/> ATTACH FILE <input type="checkbox"/> ATTENTION <input type="checkbox"/> COMMENT & RETURN <input type="checkbox"/> CONSIDER <input type="checkbox"/> COPYING <input type="checkbox"/> CORRECT <input type="checkbox"/> FILE <input type="checkbox"/> FOLLOW-UP <input checked="" type="checkbox"/> FOR YOUR INFORMATION <input type="checkbox"/> HOLD <input type="checkbox"/> INITIALS NEEDED <input type="checkbox"/> INSTRUCT <input type="checkbox"/> INVESTIGATE & REPORT <input type="checkbox"/> JUSTIFY <input type="checkbox"/> KEEP ME ADVISED <input type="checkbox"/> LEGAL MATTER <input type="checkbox"/> MEMO REQUIRED <input type="checkbox"/> NOT INTERESTED <input type="checkbox"/> NOTE & DESTROY <input type="checkbox"/> NOTE & FILE	<input type="checkbox"/> NOTE & FORWARD <input type="checkbox"/> NOTE & RETURN <input type="checkbox"/> PER TELEPHONE TALK <input type="checkbox"/> PREVIOUS CORRESPOND. <input type="checkbox"/> PRIORITY ACTION <input type="checkbox"/> RECONSIDER <input type="checkbox"/> RECOMMEND ACTION <input type="checkbox"/> RECORD <input type="checkbox"/> REPLY <input type="checkbox"/> RETURN TO SENDER <input type="checkbox"/> REWRITE <input type="checkbox"/> SEE ME <input type="checkbox"/> SIGNATURE REQUIRED <input type="checkbox"/> TAKE ACTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> TYPE <input type="checkbox"/> VERIFY <input type="checkbox"/> REPLY FOR SIGNATURE OF	
REMARKS:		
FROM <i>Louis W. Goodkind</i> <i>dj</i>		